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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

018483/0677

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,865,700, granted 2/2/99, and for which a reissue patent is sought on the invention entitled HYDRO-MECHANICAL TRANSMISSION

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number ____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

U.S. Patent No. 5,865,700 generally discloses a combine and transmission features for use in a combine. The issued claims 1-20 do not expressly claim a combine in combination with a more limited set of the transmission features which do not require a differential assembly.

All errors which are being corrected in the present reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

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Docket Number (Optional)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Correspondence Address: Direct all communications about the application to:

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Place Customer Number Bar
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OR

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<input checked="" type="checkbox"/> Firm or Individual Name	Foley & Lardner				
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Address	777 E. Wisconsin Avenue				
City	Milwaukee	State	WI	ZIP	53202-5367
Country	USA				
Telephone	414-271-2400	Fax	414-297-4900		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Joachim Horsch

Inventor's signature

Joachim Horsch

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Citizenship

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Full name of second joint inventor (given name, family name)

Inventor's signature

Date

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Citizenship

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Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.